

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

**SUPPORT FOR A CARTRIDGE FOR TRANSFERRING AN ELECTRONICALLY READABLE ITEM  
OF INFORMATION FROM THE CARTRIDGE TO AN ELECTRONIC CIRCUIT**

and for which a patent application:

- ☒ is attached hereto (and includes amendment(s) filed on \_\_\_\_\_ (if applicable))
- ☐ was filed in the United States on \_\_\_\_\_ as Application. Serial No. \_\_\_\_\_ ,  
with amendment(s) filed on \_\_\_\_\_ (if applicable)
- ☐ was filed as PCT International Appln. No. \_\_\_\_\_ on \_\_\_\_\_ and was amended under PCT Article 19  
on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, C.F.R. §1.56.

I hereby claim foreign priority benefits under Title 35, U.S.C. § 119 (a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application on this invention filed by me or my legal representatives or assignees and having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
PA 2000 01200	DENMARK	10 AUGUST 2000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE
60/229,106	30 AUGUST 2000

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Daniel A. Devito (32,125), Edward V. Filardi (25,757), David W. Hansen (38,910), Constance S. Huttner (35,903), Ronald S. Laurie (25,431), Robert B. Smith (28,538), Robert B. Beyers (46,552), Meir Y. Blonder (40,517), Ian R. Blum (42,336), John L. Dauer, Jr. (39,953), Jose Esteves (41,011), Michael D. Fabiano (44,675), Stacey J. Farmer (42,526), Di Jiang-Schuerger (44,806), Frederick D. Kim (38,513), Thomas R. Lane (42,718), Daniel J. Lin (47,750), Douglas R. Nemec (41,219), Guy Perry (46,194), Constance F. Ramos (47,883), Andrew F. Strobert (35,375), Todd J. Tiberi (37,455), Joseph Yang (41,387), and Matthew B. Zisk (45,257), all of Skadden, Arps, Slate, Meagher & Flom LLP, whose address is Four Times Square, New York, NY 10036.

SEND CORRESPONDENCE TO: Skadden, Arps, Slate, Meagher & Flom LLP  
Four Times Square  
New York, NY 10036  
PTO Customer No. 26137

DIRECT TELEPHONE CALLS TO:  
ROBERT B. SMITH  
212-735-3020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	FULL NAME OF INVENTOR	Last Name <b>EILERSEN</b>	First Name <b>MICHAEL</b>	Middle Name	
	RESIDENCE AND CITIZENSHIP	City <b>HVIDOVRE</b>	State or Foreign Country <b>DENMARK</b>	Country of Citizenship <b>DENMARK</b>	
	POST OFFICE ADDRESS	Street <b>HØVEDSTENSVEJ 18, 3. tv</b>	City <b>HVIDOVRE</b>	State or Country <b>DENMARK</b>	Zip Code <b>DK-2650</b>

Signature of Inventor	Date
-----------------------	------

2	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code

Signature of Inventor	Date
-----------------------	------

3	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code

Signature of Inventor	Date
-----------------------	------

4	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	City	State or Country	Zip Code

Signature of Inventor	Date
-----------------------	------